MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043741
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 132

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0860
2 8150₂
3
4 0
5 1
6
7 1
8 0
9 9
10 6
11 086
12 1-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 27 1962

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Unionville
Length of stay in 1b: 2 hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Monroe Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Johnson
c. CITY OR TOWN: Olathe
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 902 E. Cedar
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: Maxwell Last: Campbell

4. DATE OF DEATH: Month: 11 Day: 19 Year: 62

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-28-05
9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months: 7 Days: 22
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Fireproofing
11. BIRTHPLACE (City and state or country): Valley Falls, Kan. USA
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John G. Campbell
13b. MOTHER'S MAIDEN NAME: Minnie Maxwell
14. NAME OF HUSBAND OR WIFE: Elsie L. Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: H arold Campbell-Olathe, Kan.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Concussion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fractured Skull
DUE TO (c): Fall from roof
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-19-62 to 11-19-62 and last saw her/him alive on 11-19-62
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L.W. McDonald DO
22b. ADDRESS: Unionville, Mo.
22c. DATE SIGNED: 11-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-20-62
23c. NAME OF CEMETERY OR CREMATORY: Olathe- C & M.
23d. LOCATION (City, town, or county) (State): Olathe Kans.

24. FUNERAL DIRECTOR ADDRESS: F.O. Husted & Son-Unionville, Mo.
25. DATE RECD. BY LOCAL REG.: 11-20-1962
26. REGISTRAR'S SIGNATURE: Maxwell Durbin

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Mark C Hunter

Licensed Embalmer No. 3304

P. O. Address Unionville MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.